

# **NORTH CAROLINA DIVISION OF MH/DD/SAS**

## **CURRENT SERVICE STANDARDS:**

### **NO REVISIONS\***

**(This package includes all current service definitions that will not have any substantive revisions for SFY 2005.)\***

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**NORTH CAROLINA DIVISION OF MH/DD/SAS  
SERVICE STANDARDS**

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## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Opioid Treatment**

#### **Service Definition and Required Components:**

Outpatient Opioid - Treatment is a service designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other drug approved by the Food and Drug Administration for the treatment of Opioid Addiction in conjunction with the provision of rehabilitation and medical services. It is a tool in the detoxification and rehabilitation process of an opiate-dependent individual.

#### **GUIDELINES:**

- (1) Services in this type include methadone administration for:
  - a. treatment, or
  - b. maintenance.
- (2) Only direct face-to-face time with client to be reported.
- (3) Staff Travel Time to be reported separately.
- (4) Preparation/documentation time NOT reported.

Payment Unit: 1daily unit

Administration of methadone or other drug approved by the Food and Drug Administration for the treatment of Opioid Addiction in a licensed Opioid Treatment Program. Administration of methadone to patients with opiate addiction disorders for purposes of methadone maintenance or detoxification is the only activity billable to Medicaid under this service code. Medicaid patients can only be approved to receive methadone whereas self-pay and Pioneer patients are eligible to receive LAAM or other FDA approved drugs as clinically indicated.

#### **Provider Requirements:**

Requirements as outlined in Rules For Mental Health, Developmental Disabilities, and Substance Abuse Services APSM 30-1 10A NCAC 27G.3604. Facility shall operate at least six days per week 12 months per year. Daily, weekend and holiday medication dispensing hours shall be scheduled to meet the needs of the client.

#### **Staffing Requirements:**

Group size shall not exceed fifty per staff member.

#### **Service Type/Setting:**

This is a periodic service. Methadone maintenance is the only opioid treatment for opiate addiction disorders that is Medicaid billable.

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**Program Requirements:**

This service must be provided at a licensed Outpatient Opioid Treatment Program.

**Utilization Management:**

To Be Determined

**Entrance Criteria:**

The recipient is eligible for this service when:

A. An Axis I or II diagnosis is present,

**AND**

B. ASAM (American Society for Addiction Medicine) for Opioid Maintenance Therapy (OMT) Level of Service is met and/or other ASAM levels of services as indicated,

**AND**

1. Service is a part of an aftercare planning process (time limited step down or transitioning) and is required to avoid returning to a higher, more restrictive level of service.
2. Medication administration and monitoring have alleviated limited symptoms, but other treatment interventions are needed.

**Continued Stay Criteria:**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains,

**OR**

The patient meets any of the specifications listed in the ASAM criteria for Dimension 5 Relapse, Continued Use or Continued Problem Potential for Opioid Maintenance Therapy.

**Discharge Criteria:**

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

A). Consumer has achieved goals, discharge to a lower level of care is indicated.

B). Consumer is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

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**Expected Outcomes:**

If the consumer is functioning effectively with this service and discharge would otherwise be indicated, Opioid Treatment should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A). Past history of regression in the absence of Opioid Treatment is documented in the consumer record.

OR

B). The presence of a DSM-IV diagnoses which would necessitate a disability management approach. In the event, there is epidemiological sound expectations that symptoms will persist and that on going treatment interventions are needed to sustain functional gains.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

**Documentation Requirements:**

Documentation in the consumer's medical record is required as defined in the Service Records Manual APSM 45-2 (9/03). Service notes requirements as outlined in the Service Records Manual elements are: consumer's name; record number; date service provided; duration of service; purpose of contact; description of the intervention/activity; assessment of consumer's progress toward goals; signature of person who provided the service including (professional: credentials, degree, or licensure of clinician; paraprofessional: position of the individual). The dates of attendance shall also be documented.

**Service Exclusions: TBD**

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## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Personal Care**

#### **Service Definition and Required Components:**

Personal care services delivered to individuals who are not inpatients or residents of a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF-MR), or institution for mental disease (IMD). These services are provided to assist with an individual's activities of daily living, such as assistance with eating, bathing, dressing, personal hygiene, bladder and bowel requirements, and taking medications.

#### **GUIDELINES:**

1. May be provided at any location.
2. Include face-to-face time providing assistance to the client and time spent transporting the individual to or from services.
3. Authorized for an individual by a qualified case manager in accordance with a service plan approved by the State;
4. Furnished in a home or other location.
5. Staff Travel Time to be reported separately.
6. Preparation/documentation time NOT reported.
7. Documentation is required in the client's regular treatment/habilitation records, or case management record.

#### **Provider Requirements:**

Direct care providers shall meet the competencies and supervision requirements as specified in 10A NCAC 27G .0202 and .0204.

#### **Staffing Requirements:**

Provided by a qualified individual who is not a member of the individual's family; and

#### **Service Type/Setting:**

Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

#### **Program Requirements:**

N/A

#### **Utilization Management:**

**To Be Determined**

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**Entrance Criteria:**

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

**AND**

B. Level of Care Criteria, Level NCSNAP/ASAM

**AND**

C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement outside the natural home setting.

**AND**

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.

**Continued Stay Criteria:**

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Personal Care should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

1. Evidence that gains will be lost in the absence of Personal Care is documented in the service record.

**OR**

2. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

*\*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

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**Discharge Criteria:**

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

**Expected Outcomes:**

Personal Care service is directed toward the habilitation of recipients with developmental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living or economic self-sufficiency.

**Documentation Requirements:**

Documentation in the consumer's medical record is required as defined in the Service Records Manual APSM 45-2. A full service note is required. The note shall include the consumer's name, record number and following elements: date service provided, location, type of activity, brief description of activity and outcome, duration of service. A signature of each provider that documents is required.

**Service Exclusions:**

Consumer may not be enrolled in other day/night services while in psychosocial rehabilitation.



## **NORTH CAROLINA DIVISION OF MH/DD/SAS SERVICE STANDARDS**

### **Professional Treatment Services-Facility Based Crisis Program**

#### **Service Definition and Required Components:**

Facility Based Crisis service provides an alternative to hospitalization for recipients who have a mental illness, developmental disability or substance abuse disorder. This is a 24 hour residential facility that provides support and crisis services in a community setting. This can be provided in a non-hospital setting for recipients in crisis who need short term intensive evaluation, treatment intervention, or behavioral management to stabilize acute or crisis situations. This service offers therapeutic interventions designed to support a recipient remaining in the community and alleviate acute or crisis situations that are provided under the direction of a physician, although the program does not have to be hospital based. Interventions are implemented by other staff under the direction of the physician. These supportive interventions assist the recipient with coping and functioning on a day-to-day basis to prevent hospitalization.

#### **Provider Requirements:**

This service is an intensive, short term, medically supervised service that is provided in certain 24 hour service sites. The objectives of the service include assessment and evaluation of the condition(s) that have resulted in acute psychiatric symptoms, disruptive or dangerous behaviors, or intoxication from alcohol or drugs; to implement intensive treatment, behavioral management interventions, or detoxification protocols; to stabilize the immediate problems that have resulted in the need for crisis intervention or detoxification; to ensure the safety of the individual by closely monitoring his/her medical condition and response to the treatment protocol; and to arrange for linkage to services that will provide further treatment and/or rehabilitation upon discharge from the Facility Based Crisis Service.

#### **Staffing Requirements:**

This is a 24-hour service that is offered seven days a week, with a staff to recipient ratio that ensures the health and safety of clients served in the community and compliance with 10NCAC 14R.0104 Seclusion, Restraint and Isolation Time Out. At no time will staff to recipient ratio be less than 1:6 for adult mental health recipients, 1:9 for adult substance abuse recipients, and 1:3 for child mental health recipients.

#### **Service Type/Setting:**

This is a 24-hour service that is offered seven days a week. This service is Medicaid billable.

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**Program Requirements:**

This service must be provided in a licensed facility which meet 10A NCAC 27G.5000 licensure standards.

**Utilization Management:**

Utilization review must be conducted after the first 72 hours (on the fourth day), may be authorized in increments of 7 days thereafter and is so documented in the service record.

**Entrance Criteria:**

The recipient is eligible for this service when:

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).

**AND,**

- B. Level of Care Criteria, level D/NC-SNAP (NC Supports/Needs Assessment Profile)/ASAM (American Society of Addiction Medicine)

**AND,**

- C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment,
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk for placement outside of the natural home setting.

**AND**

- D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:

1. Unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization.
2. Intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis.

**Continued Stay Criteria:**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Recipient has achieved initial service plan goals and additional goals are indicated.
- B. Recipient is making satisfactory progress toward meeting goals.
- C. Recipient is making some progress, but the service plan (specific interventions) need to be modified so that greater gains, which are consistent

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with the recipient's premorbid level of functioning, are possible or can be achieved.

- D. Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- E. Recipient is regressing; the service plan must be modified to identify more effective interventions.

**Discharge Criteria:**

Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A. Recipient has achieved goals, discharge to a lower level of care is indicated.
- B. Recipient is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

*\*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Facility Based Crisis service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Past history of regression in the absence of facility based crisis service is documented in the service record

**OR**

- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

*\*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

**Expected Outcomes:**

Professional Treatment Facility Crisis offers therapeutic interventions designed to support a recipient returning back to his/her normal residential setting in the community and alleviate the acute or crisis situations.

**Documentation Requirements:**

Documentation in the consumer's medical record is required as defined in the Service Records Manual APSM 45-2. A full service note is required. The note shall include the consumer's name, record number and following elements: date service provided, location, type of activity, brief description of activity and outcome, duration of service. A signature of each provider that documents is required.

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**Service Exclusions:**

Consumer may not receive any other services while in Professional Treatment Facility Based Crisis Service.

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**Psychosocial Rehabilitation**

**Service Definition and Required Components:**

A Psychosocial Rehabilitation service is a day/night service which provides skill development activities, life skills development to support educational progress, and pre-vocational training to adults and elderly adults who have serious mental illness or severe and persistent mental illness.

There should be a supportive, therapeutic relationship between the providers, recipient, and family which addresses and/or implements interventions outlined in the service plan in any of the following:

- A. behavioral interventions/management,
- B. social and other skill development,
- C. adaptive skill training,
- D. enhancement of communication and problem-solving skills,
- E. anger management,
- F. family support,
- G. monitoring of changes in psychiatric symptoms and/or functioning,
- H. medication monitoring,
- I. psychoeducational activities, and
- J. positive reinforcement.

This service includes activities for the recipient with chronic mental illness who has a history of psychiatric hospitalization or who is at-risk of decompensation and is in need of a structured setting to prevent relapse and to facilitate community adjustment. This service is designed for individuals with serious mental illness or severe and persistent mental illness who have impaired role functioning that adversely affects at least two of the following: employment, management of financial affairs, ability to procure needed public support service, appropriateness of social behavior, or activities of daily living. Assistance is also provided to service recipients in organizing and developing their strengths and in establishing peer groups and community relationships. This service is provided to identified recipients on an outpatient basis only. The PSR service may be aligned with outpatient service that should be backed out or deducted from the hours of operation when provided by providers that are not cost found/reported under the PSR definition.

**Provider Requirements:**

This service is provided to outpatients in accordance with 42 CFR (Code of Federal Regulations) 440.90, by an area program that is not a part of a hospital but provides medical care to outpatients, by or under the direction of a physician. The typical staff in a PSR program includes nurses, social workers,

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psychologists, therapists, and other MH/SA paraprofessionals that are cost found to this service.

**Staffing Requirements:**

The PSR service is directed under the supervision of a physician. This service is provided in licensed facilities only that include a structured setting that is not a part of a hospital setting with group and individual activities that may be provided to some recipients, but not all recipients of the day program. Services provided by professionals not assigned/cost found to this program shall be reported and accounted for as a part of the regular periodic service.

**Service Type/Setting:**

This is a day/night service that must be available five hours a day minimally, with a staff to recipient ratio of one to eight. Service standards are outlined in the State of North Carolina APSM 30-1, T10:14V.1200. This service is Medicaid billable.

**Program Requirements:**

This service is available for a period of five or more hours per day, although a participant may attend for fewer than five hours. A specific program's hours of operation must meet appropriate licensure requirements.

**Utilization Management:**

Utilization review must be conducted every 6 months and be so documented in the service record.

**Entrance Criteria:**

The recipient is eligible for this service when:

- A. There is an Axis I or II diagnosis present,  
**AND,**
- B. Level of Care Criteria, Level C/NC-SNAP (NC Supports/Needs Assessment Profile)/ASAM (American Society for Addiction Medicine),  
**AND,**
- C. The recipient has impaired role functioning that adversely affects at least two of the following:
  - 1. Employment,
  - 2. management of financial affairs,
  - 3. ability to procure needed public support services,
  - 4. appropriateness of social behavior, or
  - 5. activities of daily living.**AND,**
- D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:

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1. Being unable to remain in a family or community setting due to symptoms associated with the diagnosis, therefore being at-risk for out-of-home placement, hospitalization, and/or institutionalization.
  2. Presenting with intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
  3. Being at risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis.
  4. Requires a structured setting to monitor mental stability and symptomatology, and foster successful integration into the community through individualized interventions and activities.
- Medication administration and monitoring have alleviated limited symptoms, but other treatment interventions are needed.

**Continued Stay Criteria:**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Recipient has achieved initial service plan goals and additional goals are indicated.
- B. Recipient is making satisfactory progress toward meeting goals.
- C. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- D. Recipient is not making progress; the service plan must be modified to identify more effective interventions.
- E. Recipient is regressing; the service plan must be modified to identify more effective interventions.

**Discharge Criteria:**

Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A. Recipient has achieved goals, discharge to a lower level of care is indicated.
- B. Recipient is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.
- C. Recipient requires a more intensive level of care or service.

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**Expected Outcomes: TBD**

**Documentation Requirements:** Monthly service note.

**Service Exclusions: TBD**

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